

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/13/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968443	(X3) DATE SURVEY COMPLETED 01/08/2019
NAME OF PROVIDER OR SUPPLIER LIVING SOUTHERN STYLE OF BREVARD LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 821 GEORGIA AVE ROCKLEDGE, FL 32955	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced monitoring visit related to emergency environmental control planning was attempted on 1/8/19 and again on 1/14/19. Living Southern Style of Brevard ALF (AL11968443) there was no one at the facility at the time of the visit.		